## REQUEST FOR TRAINING ORDERS

## NAVMARCORESCEN LOS ANGELES COMNAVRESFORINST 1571

PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 U.S.C. 301 departmental regulations. The principal purpose is to enable you to make known your desire for training duty. The information will be used to assist in determining your eligibility for and approving or disapproving the training duty being requested. Completion of the form is voluntary, however, failure to provide the required information may result in delays, response to or disapproval of your request.

1. SSN		2. GRADE/RATE				3. NAME (LAST, FIRST, MIDDLE)				
4. DESIG/NEC:	/ [	5. SEX	6. W	ORK PHONE:	LINIT ACCION		. HOME PHONE:			
8. HOME ADDR	ESS:				UNIT ASSIGN	NED:				
5 "ALL					R	UIC:				
Email Address:						SDN:				
TYPE: AT	IDTT	ADT	GROUP	IADT	INVOL	NON-PAY	MOD	BACK-TO-BA	4CK	
10. A . REPORT DATE:	B. NUMB	SER DAYS: ADT .		. DESTINATI OURSE:	ON LOCATIO	N	CIN _	UIC		
TIME:	IDTT DAY	'S A _	C	OURSE:	NAME _					
11. DESTINATIO	ON COMMAND CON	TACTED:	YES NO	POC:			PHONE NO.			
DESIRED DI DATE: TIME: NET NLT AIRPORT:  FOR AFLOA EMBARK: DEBARK: 14. JUSTIFICATIO ITP Requirement: GOVT CHARGE O UNIT AT/IDTT CO STANDARDS OF CONI understand that I am su the appearance of using	DEP	DATE OF LA  URE  EST STATEMENT: I of conduct directives do anal gain or the benef of events occur which	and  ST HIV: —  understand that during uring any time I am put to f my civilian emplo	Commercial Tra approved in Block 2. Govt. Tra 3. POV Aut 4. POV Aut 5. Transoca 6. Local Co 7. Program 8. Program 9. Program 9. Program g my active duty, I erforming inactive typer. I will also refin y ability to follow to	ected / Arrang evel will be arranged 14 per COMNAVRE ansportation D thorized As Mo thorized NOT the eanic / Interna ommute I Manager Use I Man	Mileage Only e Only e Only AL EXAM: DATE: DATE: see Department and Nauring any duty I perforrably creating the appearance of the property of t	PTO NOLA unless on /NOLA) us to the Gover e (Estimated - (	e of the following of mment (Do One Way) _ BODY F STA YES ards of Conduct Di n will amount to or	not use!)  FAT WITHIN NDARD  NO irectives. I also reasonably create	
17. REPORTING/ <i>i</i>	MBR IS FULLY QUALIFIE ADDITIONAL INSTRUC  E TWO ATTACHED: DISAPPROV	YES		BCN: BRN: TCN: TEEF SECU CLEA		ANCE	EREQUISITES FOI RENTAL CAR VARY ITINERA INCENTIVE PA TYPE: IF YES ATTA YES SENCY DATE	ARY AY	YES NO YES NO YES NO	
20. REMARKS/	DISAPPROVAL CO	DE								
For IDTT only:	Travel:	Per Diem:		Rental Car	··	Misc:	Tota	ıl:		